

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-020710

DO NOT WRITE
ON THIS STUB

AMENDED

Registered (District) No. **318** Primary Registration District No. **1003** Registrar's No. **5342**

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 518 N. Newstead Ave.		d. STREET ADDRESS (If outside, give location) 518 N. Newstead Ave.	
3. NAME OF DECEASED (Type or print) First Millie Middle Mc Keever Last		4. DATE OF DEATH Month 5 Day 25 Year 1962	
5. SEX Female	6. COLOR OR RACE Col.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/3/1910
9. AGE (last birthday) 52		10. IF UNDER 1 YEAR Months 2 Days 22	
11. IF UNDER 24 HR Hours 22 Min.		12. CITIZEN OF WHAT COUNTRY USA.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Ripley, Tenn.	
13a. FATHER'S NAME Chas Nolen		13b. MOTHER'S MAIDEN NAME Laurel Smith	
14. NAME OF HUSBAND OR WIFE Carl Mc Keever		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO.		17. INFORMANT Carl Mc Keever 518 N. Newstead Ave.	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Left Breast & Metastasis to the abdomen 5 weeks Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 170X DUE TO (c) 170X		INTERVAL BETWEEN ONSET AND DEATH 5 weeks	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 5:35 a.m. PM Month 5 Day 25 Year 1962		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Jefferson Barrack, Mo.	
20g. COUNTY		20h. STATE	
21. I attended the deceased from April 17, 1962 to May 25 1962 and last saw her alive on 5-25-62 Death occurred at 5:35 PM on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Tracy S. Alexander M.D.	
22b. ADDRESS 1363 N UNION ST. St. Louis		22c. DATE SIGNED 5-26-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/29/62	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	
23d. LOCATION (City, town, or county) Jefferson Barrack, Mo.		23e. STATE	
24. FUNERAL DIRECTOR Wright Funeral Home 3100 Easton Ave.		25. DATE RECD. BY LOCAL REG. MAY 28 1962	
26. REGISTRAR'S SIGNATURE Carl Smith M.D.		27. DATE SIGNED	

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

VS 300
Rev. 4/59

1

2

3

4

5

6

7

8

9

10

11

12

13

90

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Arthur L. Hellard

Licensed Embalmer No. 4221

P. O. Address 3100 Easton Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.